PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docke: Number 10/511861

	CLAIMS AS FILED - PART I							SMALL	ENTITY		ОТЫ	R THAN
<u> </u>	(Column 1) (Column 2)						_	TYPE		O	F SMAL	L ENTITY
	TOTAL CLAIMS					· .		RATE	FEE		RATE	
	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE	· 0;	2422	
<u> '</u>	OTAL CHARG	EABLE CLAIMS	140	14 minus 20= •		•].	XS 9=		ÖF	XS18=	<u> </u>
II—	IDEPENDENT			3 minus 3 = 1				X43=		-	You	
Ľ	AULTIPLE DEPENDENT CLAIM PRESENT						·	1.15	+	-J ^o f	`	-
•	If the difference	ce in column 1 i	s less than	zero, enter	-0" in (in column 2		+145=		JOF		<u> </u>
۸.	15/04	CI AIMS AS	AMENDE	MENDED - PART II				TOTAL	· L	_] OF	TOTAL	
10	1, ,		•	OTHER THAN								
Ì	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	. ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
	Total	14	Minus	- 2	0	=		XS 9=		OR	X\$18=	
A.	Independent FIRST PRES	ENTATION OF M	Minus	FPENDENT CLA		= /		X43= ·		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L A	TOTAL		OR	TOTAL AODIT, FEE	
		(Column 1)		(Columi	1 2)	(Column 3)					,	
AMENDMENT B		CLAIMS REMAINING		HIGHE:	-		Г		ADDI-	۱ ۱		0.000
	·	AFTER -		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	•	Minus .	.		=		XS 9≈		OR	X\$18=	
	Independent FIRST PRESE	NTATION OF MI	Minus	SAIDENT O		-	T	X43=		OR	X86=	
			DETIFICE DEF	ENDENT	LAIM							
						•	L	+145= TOTAL	·	OR.	+290= ':TOTAL	
	•	AD	DIT. FEE		OR ,	DOIT FEEL						
(Column 1) (Column 2) (Column 3)												
2		REMAINING		HIGHES NUMBER		PRESENT	Г		ADDI-	Г	: 1	ADDI-
	•	AFTER AMENDMENT		PREVIOUS		EXTRA	1	RATE	TIONAL		RATE	TIONAL
AMENDMENT	Total		Minus	PAID FO			 	V\$ 0	FEE			FEE
ME	independent :	•	Minus	***			Ľ	X\$ 9=		OR	X\$18=	
Γ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43= .		ÖR	X86=	· [
								145=	·	OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3. **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.										OB ·	TOTAL	
		noer Previously Paid ber Previously Paid					oued'	in the 2001	ontiale ho-	A)	DOIT. FEE L	
									priore 00X	AL CORU	*** *.	